

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021527

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 547Registrar's No. 1533

STATE FILE NUMBER

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Richmond Hgts.Length of stay in lb
D.O.A.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Mary's HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louisc. CITY
OR
TOWN FergusonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1000 Hudson Rd.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ARNOLDMiddle
JOHNLast
STEINLAGE4. DATE
OF
DEATHMonth
MayDay
19Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-22-19179. AGE (last birthday)
44IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Vice-President10b. KIND OF BUSINESS OR INDUSTRY
Dairy11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Arnold F. Steinlage

13b. MOTHER'S MAIDEN NAME

Flora Spuck

14. NAME OF HUSBAND OR WIFE

Patricia R. Steinlage

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no(If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address

Patricia R. Steinlage, 1000 Hudson Rd18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial InfarctionINTERVAL BETWEEN
ONSET AND DEATH
6 monthsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic coronary thrombosis

DUE TO (c)

Arteriosclerotic heart diseasePART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 1961 to May 19, 1962 and last saw him alive on May 18, 1961
Death occurred at 3:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)Removed

23b. DATE

5-23-1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser, 9450 Olive St. Rd.

25. DATE RECD. BY LOCAL REG.

5-21-62

26. REGISTRAR'S SIGNATURE

John C. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edwin A. McAnnatt

Licensed Embalmer No.

3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.